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|  <p style="text-align: center;"><b>POLICIES<br/>AND PROCEDURES</b></p> <p style="text-align: center;">State of Tennessee<br/>Department of Intellectual and<br/>Developmental Disabilities</p> | <b>Policy #: 80.1.1</b>                               | <b>Page 1 of 7</b> |
|   | <b>Effective Date: February 1, 2014</b>               |                    |
|   | <b>Distribution: B</b>                                |                    |
| <b>Policy Type: Administrative</b>  | <b>Supersedes: N/A</b>                                |                    |
| <b>Approved by:<br/>Commissioner</b>  | <b>Last Review or Revision: February<br/>26, 2014</b> |                    |
| <b>Subject: NEW PROVIDER APPLICATION REVIEW POLICY</b>  |   |                    |

- I. **AUTHORITY:** Section 1915(c) of the Social Security Act (Medicaid Waivers); Tennessee Code Annotated (TCA) Section 33-3-101 et. seq., TCA 33-1-302(a)(3), TCA 33-1-303(3), TCA 33-1-305, TCA Section 4-3-2708 and TCA Section 47-10-107.
- II. **PURPOSE:** This policy outlines the New Provider application process for reviewing and approving applications from any entity seeking to become a new provider of state funded and/or services funded through a Medicaid Home and Community-Based Services (HCBS) waiver program administered by the Department of Intellectual and Developmental Disabilities (hereinafter "DIDD" or "Department").
- III. **APPLICATION:** This policy applies to any entity submitting an application seeking to become approved as a provider of state funded and/or services through a Medicaid Home and Community-Based Services (HCBS) waiver program.
- IV. **DEFINITIONS:**
  - A. **Applicant Forum** shall mean an interactive, informational session prior to the beginning of each recruitment cycle that shall allow an opportunity for applicants to discuss the application process and provider qualifications.
  - B. **Approved Provider or Approved Waiver Services Provider** shall mean a provider who has been approved by DIDD to provide one or more HCBS waiver services and may include state funded services.
  - C. **Home and Community Based Services (HCBS) waiver or waiver** shall mean a waiver approved for Tennessee by the Centers for Medicare and Medicaid Services to provide services to a specified number of Medicaid eligible individuals who have an intellectual disability and who meet criteria for Medicaid reimbursement in an Intermediate Care Facility for Individuals with Intellectual Disabilities. The HCBS waivers for Individuals with Intellectual Disabilities in Tennessee are operated by the Department of Intellectual and Developmental Disabilities with oversight from TennCare, the state Medicaid agency.
  - D. **Open Enrollment** shall mean a designated period of time, determined by DIDD during which entities may apply to become providers.
  - E. **Provider Agreement** shall mean a signed agreement between the DIDD, the Department of Finance and Administration, Division of Health Care Finance and Administration, the Bureau of TennCare and an approved provider that specifies the terms and conditions a provider must meet to receive reimbursement for services provided.
  - F. **Provider Development Committee** shall mean the DIDD employees appointed to review applications of potential providers of state funded and/or HCBS waiver services and makes recommendation for the Commissioner or designee's consideration.

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- G. **Provider Development Coordinator** shall mean an individual in each of the respective DIDD regional offices designated by the Regional Director or designee to coordinate and review new providers' applications in their respective regions.
  - H. **Provider Enrollment Coordinator** shall mean an individual assigned to coordinate the New Provider Enrollment application process.
  - I. **Region** shall mean one of the three (3) geographic areas of the State of Tennessee known as East, Middle and West as established by DIDD.
  - J. **Scope of Services** shall mean the package of specific services which the provider seeks to provide.
  - K. **Targeted Enrollment** shall mean a designated period of time, determined by DIDD, during which DIDD seeks to enroll providers of specific services.
  - L. **TennCare** shall mean the single state agency responsible for administering the State's Medicaid program.
- V. **POLICY:** DIDD shall ensure that all entities seeking to become providers of HCBS waiver services and/or state funded services meet all state and federal requirements by a review process that approves or disapproves applications. DIDD recruits providers who have the required clinical knowledge, financial stability and successful experience in serving individuals with intellectual and developmental disabilities as outlined in this policy.
- VI. **PROCEDURES:**
- A. The following general guidelines shall be adhered to at all times by all parties during the application process.
    - 1. **Scope of Services:** Applicants can apply to be a provider of a single HCBS waiver service or multiple HCBS waiver services. Providers of Support Coordination are prohibited from providing any other HCBS waiver service.
    - 2. **Provider Selection:** Persons supported with Intellectual/Developmental Disabilities and their families always have a choice in the selection of providers. . Approval as a provider cannot be considered a guarantee of referrals or financial support.
    - 3. **Provider Qualifications:** For each service to be provided the applicant must meet applicable waiver provider qualifications, including licensure and certification requirements, **before** the applicant will be eligible to sign a provider agreement with the DIDD and TennCare. Based on review of the applicant's completed provider application, attachments, background checks and other applicable requirements, the DIDD may deny the application at any step of the process.
    - 4. **Confidentiality:** With the exception of information that may be redacted to prevent identity theft (e.g., social security numbers, dates of birth), any information provided or obtained for the review of a Provider Application (including initial screening questionnaire) and required attachments shall be considered to be a matter of public record. The applicant waives all rights to the privacy and confidentiality of such information.

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5. Prohibition of Discrimination: DIDD prohibits discrimination on the basis of race, color, religion, national or ethnic origin, sex, age, disability, or political affiliation in enrollment, service provision, and employment practices.
6. Recruitment Cycles: These cycles shall occur during Open Enrollment and during Targeted Enrollment as determined by DIDD.
7. Mergers and Acquisitions: When an existing agency is acquired, the acquiring agency must also be approved by DIDD through this application process and be appropriately licensed.

B. General Requirements for Completing Applications

1. Questionnaires/Applications and all required attachments shall be submitted to the DIDD electronically to [DIDDProvider.Application@tn.gov](mailto:DIDDProvider.Application@tn.gov)
2. The applicant's e-mail address specified on the application must be valid and able to accept e-mails from DIDD as this is the primary form of communication between DIDD and the applicant. It is the responsibility of the applicant that e-mails from DIDD are accepted by their e-mail system. DIDD shall utilize a read receipt for each e-mail notification to applicants. During the review process, it is incumbent upon the designated contact person to routinely check for e-mails due to the timeliness of information critical to the process.
3. All questions must be answered and the answers must be typed. **Handwritten Questionnaires/Applications shall be rejected and shall not be processed.**
4. Required attachments must be included with the New Provider Initial Screening Questionnaire/New Provider Application. Duplicate attachments are not required (i.e., only one set of required attachments must be submitted regardless of the number of HCBS waiver services to be provided).
5. The signature page of the New Provider Initial Screening Questionnaire and/or New Provider Application must be signed and dated by the Executive Director, Chairperson of the Board, Business Owner(s) or other executive manager who is authorized by the applicant(s) to submit and attest to the truthfulness and accuracy of the information submitted.
6. Incomplete New Provider Initial Screening Questionnaires/New Provider Applications shall not be processed by the DIDD. Applicants shall be notified within five (5) business days of rejected or incomplete applications by the DIDD electronically.
7. Applications which are denied for the above reason are required to wait until the next Open Enrollment and/or Targeted Enrollment for the identified service before submitting another New Provider Initial Screening Questionnaire/New Provider Application to the DIDD.

C. Application Guidelines

1. The DIDD Office of Provider Development shall announce the Open Enrollment and/or Targeted Enrollment on the DIDD website at [www.tn.gov/didd](http://www.tn.gov/didd)

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2. The DIDD shall host an Applicant Forum which is not mandatory for Applicants to attend but is highly encouraged.
3. Steps 10-16 apply to Providers of Clinical and Ancillary, Dental and Vision Services.
4. Steps 5-16 apply to Providers of all Long Term and Support Coordination.
5. The Provider Enrollment Coordinator shall notify all applicants of HCBS waiver services in an approved, electronic format within thirty (30) calendar days of successful receipt of the New Provider Initial Screening Questionnaire and all required attachments.
6. Upon approval of the New Provider Initial Screening Questionnaire for DIDD services applicants shall be invited to the New Provider Pre-Application Activity, which is mandatory. The activity shall review the continuation of the application process for Long Term and Support Coordination and DIDD guidelines for service provisions. Once completed the applicant shall receive the New Provider Application for DIDD services.
7. Applicants whose New Provider Initial Screening Questionnaire for DIDD services was denied are required to wait until the next open enrollment and/or targeted enrollment period for the identified services to reapply.
8. All applicants for DIDD services have thirty (30) calendar days from the receipt of the New Provider Application for Long Term Services to submit a completed New Provider Application for Long Term Services. Applications not received within the required time period shall be rejected. The Provider Enrollment Coordinator shall notify the applicant of the rejection in an approved, electronic format within five (5) business days of the rejection. The applicant is required to wait until the next open enrollment and/or targeted enrollment period to reapply for services.
9. The DIDD Provider Enrollment Coordinator/designee shall distribute the New Provider Applications for Long Term Services to the Provider Development Coordinator/designee. The Provider Development Coordinator/designee shall review the application information for standards as outlined in the criteria of the application and submit this information to the Regional Quality Management Committee/regional designee for a recommendation from the Region.
10. The Provider Development Coordinator or designee shall present the regional recommendation to the Provider Development Committee for review and recommendation.
11. The Provider Development Committee shall submit recommendations to the DIDD Commissioner or designee, for a final decision.
12. If additional information or clarification is needed during the review process, the Provider Enrollment Coordinator shall send a request for clarification in an approved electronic format to the applicant. The applicant shall have five (5) business days to submit the information requested. If the information requested is not provided, the application shall be rejected and not processed. The applicant will be eligible to reapply during the next open enrollment and/or targeted enrollment period for the identified DIDD service or services.
13. If the New Provider Application is denied, the applicant is required to wait until the next open enrollment and/or targeted enrollment period for the identified service before repeating the entire application process.

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14. Applicants may be approved for all or some of the services and/or geographic areas that are proposed by the applicant.
15. The applicant shall be eligible to provide services when all of the following are received from DIDD:
  - a. Upon approval of the New Provider Application for Long Term Services, the applicant receives a letter of approval from the DIDD Commissioner or designee specifying the services which the applicant has been approved to provide. If applicable, this letter shall contain information necessary for obtaining licensure,
  - b. Completion of W-9 Form,
  - c. Completion of Disclosure Form for Provider Entities (TennCare Form) or Disclosure Form for A Provider Person (TennCare Form).
  - d. A copy of the executed DIDD Provider Agreement signed by the applicant and all other parties to the agreement, and
  - e. A list of approved site codes specifying the locations where the provider has been approved to provide waiver services.
16. Once the approved letter from the DIDD Commissioner has been disbursed to the new provider, the new provider must attend a required provider orientation within one year once there has been a fully executed provider agreement. If the applicant does not attend the required provider orientation, the Provider Agreement may be terminated by the Department.

**D. Primary Disqualifiers, Secondary Disqualifiers and Revocations**

1. The following primary disqualifiers, including but not necessarily limited to, shall immediately disqualify an applicant from consideration or reapplication:
  - a. The applicant has been found guilty of criminal offenses adversely affecting a person receiving DIDD Service(s).
  - b. The applicant has been found to have a history of being directly responsible for retaliation against a person receiving service, family member or staff member for reporting or being involved in a complaint, investigation or appeal process.
  - c. The applicant has been found to be directly responsible for Medicaid fraud or fraudulent activities against a state or federal agency.
  - d. The applicant has been found to be directly responsible for a provider's closure or termination of a DIDD provider contract due to negligence in performance of duties in a similar position of administrative responsibility.
  - e. The applicant has defaulted on monies owed to DIDD.
  - f. The applicant has been listed on the Tennessee Sexual Offender Registry, Department of Health Abuse Registry, Tennessee Felony Offender Registry, Office of Inspector General (OIG) List of Excluded

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Individuals/Entities, Secretary of State's Business Information Search or any other register identified by DIDD as necessary.

- g. The applicant has been terminated, barred or suspended from participation in any Medicare and/or Medicaid Program in any State within the past five (5) years.
  - h. The applicant and/or proposed Agency Executive Director and/or Agency Chief Executive Officer do not have a successful history of managing an organization or other entity of comparable complexity. This shall include, but not necessarily be limited to review of the most recent Quality Assurance Report that achieved an overall score of less than "fair", and/or, a score of no less than four (4) shall have been achieved in Domains 2, 3, 5 and 9. Also, negative reviews of any other reports that may include the Fiscal Accountability Reviews as well as any health and safety of persons receiving services.
  - i. The applicant does not have evidence of mechanisms of proof to ensure that proposed staffs are qualified to deliver the proposed services. This can be referenced, but not limited to the applicant's job descriptions and applicant's resumes as well as any required training as indicated in the most current version of the DIDD Provider Manual.
  - j. The applicant does not have a history of financial stability or the proposed Agency Executive Director and/or Agency Chief Executive Officer does not have a history of managing a similar business with a history of financial stability.
  - k. The applicant does not have the financial capacity to operate the proposed services including adequate establishment funds and operation reserves or a sufficient credit line. Personal tax returns shall be submitted if an applicant does not have experience with a small business.
  - l. The applicant does not provide an acceptable Provider Administration Plan that is inclusive of an internal quality assurance plan, a prevention plan, a management plan and a supervision plan that is referenced in the most current version of the DIDD Provider Manual.
  - m. The applicant has any business owner, board member or the executive director currently or within the past six (6) months been employed by the State of Tennessee.
  - n. The applicant has any business owner, board member or the executive director who has ever had a license denied, revoked, suspended, placed on probation or surrendered to avoid loss of license or disciplinary action in Tennessee or any other State.
  - o. The applicant has any business owner, board member or executive director currently the subject of pending litigation.
  - p. The applicant's description of types of services to be implemented is not consistent with DIDD waiver service definitions.
2. The following secondary disqualifiers, including but not necessarily limited to, are not immediate disqualifiers but shall cause the applicant to reapply.

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- a. The submitted references of the applicant do not meet DIDD requirements.
  - b. The proposed Board/Advisory Board does not meet DIDD requirements.
  - c. The submitted operational policies of the applicant's do not meet DIDD requirements.
  - d. The organizational structure submitted does not support the services requested.
- 3. DIDD reserves the right to revoke approval of an application under the following circumstances:
  - a. A license required for certain services has not been obtained within one (1) year of the date specific service(s) were granted.
  - b. A signed provider agreement has not been returned to DIDD within ten (10) business days of receipt.
  - c. Evidence is discovered to support that false information was relied upon to approve the application.
  - d. Additional information is discovered indicating the criteria for approval was not met.

VII. **CQL STANDARDS:** None

VIII. **REVISION HISTORY:** None

IX. **TENNCARE APPROVAL:** Pending

X. **ATTACHMENTS:**

- A. New Provider Application for Long Term Services Part 1 Initial Screening Questionnaire
- B. New Provider Application for Long Term Services Part 2
- C. Provider Application for Clinical and Ancillary Services
- D. New Provider Application for Support Coordination
- E. Credentialing Application for Dental Services and/or Anesthesia
- F. Credentialing Application for Vision Services
- G. W-9
- H. Disclosure Form for A Provider Person
- I. Disclosure Form for Provider Entities